



Client No. 2036		Client Name OH MATERIALS				Location 1002 OSWEGO ST. UTICA N.Y.				Date 7/30/87															
Facility Equipment	Deter Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other																		
					1	1	Two Keys / Log Book / RADIO																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) GEORGE, JOHN D.				Officer—Swing Shift (Name)				Officer—Grave Shift (Name) Dick Koposzki															
		Shift B. 8 AM-PM				Shift				Shift 12 M AM-PM															
		Began 8 AM-PM Ended 4 AM-PM				Began AM-PM ended AM-PM				Began 12 M AM-PM Ended 8 AM-PM															
Observations or actions taken	Yes	No	Explanation				Yes	No	Explanation				Yes	No	Explanation										
Rounds or stations missed		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
Unlocked vaults or safes		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
Fire-smoke-or hazards		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
2. Sprinkler system defective		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
4. Rubbish accumulation		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
5. Motors running		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
6. Lights left burning		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8pm Turned on lights					<input checked="" type="checkbox"/>	LIGHTS out 0545.										
Injury hazards		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
Visitors	<input checked="" type="checkbox"/>		MR SAUPPONSITE 1413					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		OHM & EPA PEOPLE										
Trespassing			OFF SITE 1415					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	OW SITE										
Violation of company rules		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>											
Remarks D. ONEIL ON SITE 1540																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No	
Signatures		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
		John D. George								Joseph L. TACARD								Dick Koposzki							

439234



Daily Security Report

Client No. 9036		Client Name OH MATHEMATICS		Location 1002 C SW 860 ST. UTICA NY.		Date 7/30/87																					
Facility Equipment		Detox Clock		Weapon No.		Holster		Nightsick		Raincoat		Flashlight		Other													
										1		1		Two Keys / Log Book / RAD 20													
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name)						Officer—Swing Shift (Name)						Officer—Grave Shift (Name)													
		GEORGE, JOHN D.												Dick Kotoszki													
		Shift						Shift						Shift													
Began		8.		AM-PM		Ended		AM-PM		Began		AM-PM		Ended		AM-PM		Began		12 M		AM-PM		Ended		AM-PM	
Observations or actions taken		Yes		No		Explanation		Yes		No		Explanation		Yes		No		Explanation									
Rounds or stations missed				✓						✓						✓											
Unlocked doors, gates or windows				✓						✓						✓											
Unlocked vaults or safes				✓						✓						✓											
Fire-smoke-or hazards				✓						✓						✓											
1. Extinguishers missing or defective				✓						✓						✓											
2. Sprinkler system defective				✓						✓						✓											
3. Fire doors or exits blocked				✓						✓						✓											
4. Rubbish accumulation				✓						✓						✓											
5. Motors running				✓						✓						✓		LIGHTS out 0545.									
6. Lights left burning				✓						✓		8pm Turned on lights				✓											
Injury hazards				✓						✓						✓											
Visitors		✓				ALL SAUPP ON SITE 1413				✓						✓		OHM & EPA PERMIT									
Trespassing				✓		OFF SITE 1415				✓						✓		OIL SITE									
Violation of company rules				✓						✓						✓											
Remarks																											
D. ONEIL ON SITE 1540																											
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																											
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.			
		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No			
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No			
3. Have you reported all accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No		Yes		No			
Signatures		1.		2.		3.		1.		2.		3.		1.		2.		3.		1.		2.		3.			
Signatures		2.		3.		1.		2.		3.		1.		2.		3.		1.		2.		3.		1.			
Signatures		3.		1.		2.		3.		1.		2.		3.		1.		2.		3.		1.		2.			